



Prevention Voices

Fall 2007

Inside this issue:

Community Planning Group Learns Tribal Culture, Elects New Officers.....	1, 2
HIV Prevention Contractors Meeting.....	3
Behavioral Interventions Training in Denver.....	4
Aging Horizons TV on HIV and Aging.....	5
HIV Prevention Needs of Injection Drug Users.....	6
Partner Counseling and HIV Surveillance Presenta- tion.....	7
STDs in Montana.....	8
AIDS Review Panel.....	8
Montana Two-Spirit Gather- ing.....	9
HIV Counseling, Testing, Referral	9
World AIDS DAY.....	10
Save the Date.....	11
Who's Who.....	12
National Scene.....	12

This newsletter is published quarterly by the MT Department of Public Health and Human Services, HIV/STD Section.

Cogswell C-211
1400 Broadway
Helena, MT 59620
www.health.mt.gov
(406) 444-3565



Community Planning Group Learns Tribal Culture, Elects New Officers

The Montana HIV Prevention Community Planning Group elected new officers for 2008 at its meeting, September 7 – 8, 2007, at the Grant Creek Inn in Missoula. Member Sean Fucci was elected the new Co-Chair. Fucci resides in Billings. He will serve with Laurie Kops, who represents the Montana Department of Public Health and Human Services (DPHHS) as Co-Chair. Casey Rudd, who has chaired the CPG for the past year with grace, style, and wit, will move from Co-Chair to Past Co-Chair at the first of the year.



*Pictured from left:
Casey Rudd, Sean Fucci*

Member Niki Graham was chosen for the position of Co-Chair-Elect. She is program coordinator for the Salish Kootenai College HIV Prevention Task Force and training coordinator for the Tribal BEAR Project. Graham and Fucci will take office in January, 2008.

In addition to electing officers, the meeting provided an educational opportunity for members to understand working relationships with members of the American Indian population. The meeting got underway with the traditional American Indian Sage Ceremony for purification of purpose and strength of conviction.

“It’s important to have a good cultural understanding of all the target populations in order to institute HIV prevention interventions that are appropriate for those communities,” said Judy Nielsen, HIV Programs Coordinator for the Montana Department of Public Health and Human Services (DPHHS) HIV/STD Section, and meeting coordinator. “This meeting and subsequent CPG meetings will focus on improving that cultural knowledge.”

Iris Pretty Paint with the Research Opportunities in Science for Native Americans (ROSNA) at the University of Montana presented, “Cultural Competency, Diversity, and Prevention Practice.” She says that any model used in prevention needs to ensure culturally competent practice, which respectfully affirms the worth and dignity of people of all cultures, languages, classes, ethnic backgrounds, abilities, religions, sexual orientation, and other diverse features. “Those things that make us different are as important as things that make us alike,” says Pretty Paint. “Our task is to try to understand the differences.”



Pictured: Iris Pretty Paint

(Continued on page 2)

Community Planning Group, continued

For instance, she says approximately 80 percent of American Indian communication is non-verbal. “Be open to other world views and step out of your own.”

Ada White of the Crow Tribe presented “Barriers to Healthcare.” She told the group that some of those barriers include attitudes, economic disparities, insensitivity to cultural practices, institutionalized racism, and a lack of infrastructure.

A Native American panel addressed the stigma of HIV in tribal communities. “We need to be out there talking freely about HIV,” said Martha Spotted Eagle, Blackfeet Tribe. “The Moccasin Telegraph (word-of-mouth) works for us. TV and radio don’t work. A lot of people don’t buy the newspaper, and a lot can’t read.” Her husband, Bill Spotted Eagle, helps people understand the disease. “I am responsible to teach the kids as a role model,” he says. “As long as we can touch a few, we know we’re doing the best we can.”

The next CPG meeting will focus on understanding people living with HIV. Rick Holman, CPG member and Executive Director of the Butte AIDS Support Services, Inc. (BASS), will organize the HIV-positive sensitivity training. The meeting is scheduled for December 7 – 8, 2007 at the War Bonnet Hotel in Butte, MT.



Pictured from left: Bill Sanchez, Niki Graham, Blaine Redneck, Valerie McDonald, Martha and Bill Spotted Eagle

Community Planning Group Accepting Applications for New Members

The Montana HIV prevention advisory body, *Community Planning Group for HIV Prevention (CPG)*, is accepting applications for membership. There are 12 members whose three-year terms will be completed December 31, 2007.

If you have not participated in the CPG before, we sincerely hope you will consider applying. For those of you who have served on the CPG in the past, we very much appreciate your dedicated contribution, and ask that you consider serving again. If your term is expiring, we encourage you to submit a new application. The CPG will be accepting applications through December 28, 2007. You can download the application form by clicking on this link:

<http://www.dphhs.mt.gov/PHSD/STD-HIV/pdf/CPGMembershipApplication10-07.doc>

Representatives from the following communities are encouraged to apply:

- HIV positive (four vacancies)
- High-risk heterosexual (one vacancy)
- Intravenous drug user (one vacancy)
- Men who have sex with men (one vacancy)
- American Indian representative (three vacancies)
- HIV-related provider (two vacancies)

The term for new members will begin the first meeting of 2008. It is a three-year commitment. Members meet as a group three to four times a year. Your travel and other meeting expenses are reimbursed at state rates.

The CPG is an important advisory group, instrumental in the planning and implementation of HIV prevention interventions in Montana. CPG helps ensure that voices of target populations are heard when planning prevention efforts. CPG consists of 35 members and is coordinated by the Montana Department of Public Health and Human Services (DPHHS) HIV/STD Section. Montana CPG was formed a number of years ago soon after the AIDS epidemic began.

For more information, please contact CPG Coordinator, Judy Nielsen, at (406) 444-4744 or jnielsen@mt.gov

HIV Prevention Contractors Presented Interventions at Summer Meeting

Montana HIV prevention contractors met this summer to share how currently-funded interventions are working in the state. Most of the 29 contracting agencies who receive HIV prevention funding from the CDC Cooperative Agreement with the Montana Department of Public Health and Human Services (DPHHS) attended the meeting, August 8 and 9, 2007, at the Great Northern Hotel in Helena.

“We asked contractors to report out to the group so we can continue to improve and enhance the services that we offer to further HIV prevention efforts in Montana,” says Sandy Sands, HIV Prevention Specialist with the Montana Department of Public Health and Human Services. “As we point towards a new grant cycle in 2008, it's important that we receive the whole picture from the perspective of the contractors,” said Sands, who coordinated the meeting.

CDC Project Officers, Tracy Luster-Welch and Gustavo Aquino, were on hand to give input and answer questions for much of the meeting. They told the group how impressed they were with Montana interventions and how contractors deal with distances.

Some contractors talked about localizing national models. SISTA, for instance, is a national design to target African-American women. Montana SISTA contractors have tailored the program for Native Americans. Salish Kootenai College is piloting this culturally customized SISTA to empower American Indian women, using focus groups, story-telling and laughter as strategies. “Laughter was amazing,” said Program Coordinator Niki Graham. “We moved forward quickly with that part of the curriculum.”



Pictured from left: Tracy Luster-Welch and Gustavo Aquino



Pictured from left: Shelley Hayes, David Herrera, Jon Freeland, Bridget Kallenberger

Others reported on home-grown projects, such as “Taking It to the System and Population,” an outreach program by Connections to educate clients, inmates, and staff of institutions about HIV and other STD prevention. “They remembered what we said to them and they were actually changing their behaviors,” said Connections’ Casey Rudd. A pilot project with the same theme, “Taking it to the Treatment Court,” is underway.

FDH and Associates presented about its virtual interventions. “Our volunteers sometimes don’t realize they’re doing internet outreach when they provide information by email,” said Jon Freeland, Associate Director. “We do a lot more than we’ve tracked.” Freeland told the meeting that he’s online at least eight hours a day conducting HIV prevention outreach. “It’s amazing the number of guys who come in to get tested because they chatted online with Jon,” said David Herrera, Director,

FDH and Associates, and Montana Gay Men’s Task Force.

These are only a mention of the many effective interventions that contractors are successfully implementing. Talking together about each other’s work sparked new ideas. Work groups of SISTA and Youth Survival contractors are getting together to address shared concerns and activities.

“We had a number of comments after the meeting that this was the best meeting yet,” says Sands. “Participants liked that they were able to hear what others were doing, and take that home with them to impact and improve HIV prevention in Montana.”

Behavioral Interventions Training in Denver

Sandy Sands, HIV Prevention and Treatment Program Specialist for the Montana Department of Public Health and Human Services (DPHHS) returned from a week-long behavioral interventions training in Denver filled with new ideas and enthusiasm. “I feel jazzed and excited about the possibility of looking at additional interventions for the next Request for Proposal (RFP) that we’ll be putting out in the fall of 2008,” says Sands. “Having learned about interventions being implemented in other states gives me some fresh ideas.”

Sandy was among seven students attending the course, “Comprehensive Introduction to Effective HIV/STD Behavioral Interventions,” August 20 – 24, 2007, provided by the Denver STD/HIV Prevention Training Center. The students were from Montana, Colorado, California and Ghana. (See photo of students and instructor). The training took place at the Denver City-County Health Department and involved intensive classroom and hands-on skill-building and off-site experiences.

The course covered behavior change theory, using epidemiology data, program evaluation, risk reduction counseling, community, group and individual level interventions, including social marketing, internet outreach, and text messaging. “There was an interesting presentation about internet outreach and a particular study done in rural Wyoming, which could apply here in Montana,” says Sandy. “Also, in order to reach younger audiences 16 – 24 years of age, there are some projects being implemented using cell phones and text messaging, and tapping into the social networking aspect of that.” Sandy says the text messaging projects provide training to peer leaders. Those peers then forward HIV prevention messages to their social network phone list. “If everyone who got the message did the same thing, just imagine how much that would compound.”



Pictured: Sandy Sands (third from right) with class members and instructor, Antonio Purcell de Ogenio (second from right)

The course took Sandy on a couple of field trips: A community center that does intravenous drug use (IDU) outreach, and a Denver bathhouse, Midtowne Spa, which has an on-site clinic for HIV testing, and a strategically placed, ample supply of condoms and education materials. Sandy noted that there’s a good relationship between Midtowne Spa and Denver Public Health.

The course even involved homework. Sandy had to come up with an intervention. “I targeted 16- to 24-year-old, young gay males in rural Montana,” says Sandy. He produced a combination of group and individual interventions, involving education and access to testing. “I tried to use innovative methods to increase condom use and create awareness of HIV prevention.” Great job Sandy!

The Denver STD/HIV Prevention Training Center is funded by the U.S. Centers for Disease Control and Prevention to provide training and technical assistance to prevention professionals. For more information, visit <http://www.denverptc.org>

Aging Horizons TV Program On HIV and Aging

You might want to ask Laurie Kops and Judy Nielsen for their autographs next time you see them. Kops, HIV/STD Section Supervisor for the Montana Department of Public Health and Human Services (DPHHS), and Nielsen, DPHHS HIV Programs Coordinator, were interviewed in September for the cable TV program, *Aging Horizons*, a production of the DPHHS Senior and Long Term Care Division.

The Division's Brian LaMoure hosted the show that examined HIV, AIDS and aging in Montana. The program was scheduled to air in seven Montana cities during the week of October 8th, 6:30 a.m. and 11:30 a.m., Monday through Friday. It aired on Channel 20 in Helena, six in Butte, two in Billings, 62 in Kalispell, 22 in Bozeman, 43 in Great Falls and 13 in Missoula.



Pictured from left: Judy Nielsen, Laurie Kops, Brian LaMoure

The TV discussion covered basic HIV/AIDS information, as well as issues specific to aging populations, such as chronic health conditions that mask HIV symptoms. Older Americans may mistake signs of HIV/AIDS for the aches and pains of normal aging, so they are less likely than younger people to get tested for HIV.

"HIV is not a death sentence anymore due to better care and good medications, and people are living longer," Kops told interviewer LaMoure. She added that people living with HIV are living a normal life with a 20-year life expectancy after an HIV diagnosis. "Many live within four years of a normal life span," said Nielsen.

The conversation emphasized that HIV can affect any age. "HIV does not discriminate on the basis of age, race, sexual orientation or gender," says Kops. "HIV/AIDS can affect any age and happen to anyone."

According to the National Institutes of Health, the number of HIV/AIDS cases among older people is growing every year because:

- Older Americans tend to know less about HIV/AIDS than younger people. They do not always know how it spreads or the importance of using condoms, not sharing needles, getting tested, and talking about it with their doctor.
- Health care workers and educators often do not talk with middle-age and older people about HIV/AIDS prevention.
- Older people are less likely than younger people to talk about their sex lives or drug use with their doctors. Doctors may not ask older patients about their sex lives or drug use, or talk to them about risky behaviors.

The program discussed the problem of continued stigma associated with HIV in a culture that doesn't talk about sex. "We need to be educating everyone, especially the elderly," said Kops. "What we need to do is bring this into the open and talk about it like we do every other public health issue and disease," said Kops.

HIV Prevention Needs of Injection Drug Users in Montana

Annie Sondag, Ph.D. and Nancy Cunningham, Ph.D., researchers with the University of Montana Department of Health and Human Performance, recently presented key findings from their study, *Assessment of the HIV Prevention Needs of Injection Drug Users in Montana* at the Montana Public Health Association (MPHA) conference, September 13, 2007, in Helena.



*Pictured:
Nancy Cunningham, Ph.D.*

The purpose of the 2006 study was to assess the HIV prevention needs of individuals living in Montana who use injection drugs (IDUs). Barriers to receiving care and services were identified, available resources and services were noted, and gaps between needs and services were discussed. Determining the needs of IDUs in Montana may help improve the quality and availability of HIV prevention services, which in turn may improve the quality of life for IDUs, and ultimately decrease or prevent the spread of HIV infection.



Pictured: Annie Sondag, Ph.D.

To collect data, researchers conducted 20 in-depth interviews with active IDUs to gain a full perspective of their HIV prevention needs. Cunningham also talked with 17 professionals who work directly with IDUs to corroborate findings. Finally, a thorough documentation review was conducted to collect statewide information on the subject. Overall, more than 10,000 newspaper articles, organizational reports and other public documents were examined. Researchers found that social networks and family influenced high-risk behaviors. Every interviewee said they grew up around or in an alcoholic and/or drug-using family. One participant gave this comment, *"If you tell a kid they're stupid their whole life, they're going to think they're stupid. If you tell someone they're going to be a junkie their whole life, they're going to be a junkie."*

Although Montana ranks as the fourth lowest state in the nation for HIV incidence, most of the IDUs interviewed said they lived or traveled outside of Montana and shared needles. All of them reported engaging in unprotected sex when traveling outside the state, putting them at higher risk for HIV infection. Those interviewed identified what they need for prevention: substance abuse treatment, harm reduction services, such as access to clean needles, education and outreach, free HIV and Hepatitis C testing, help from service organizations, job skills training, and prevention messages. They felt there was a lack of attention given to the HIV risk from injection drug use. *"If you were to make bill boards, make one like don't share instead of don't do it,"* said one person interviewed. *"Be out in the community with the information, not stuck back in the corner of a building,"* said another. Barriers to accessing services and meeting needs included lack of funding, services prohibited or discouraged by state and federal laws, stigma and discrimination, and lack of agency networking.

"If you tell a kid they're stupid their whole life, they're going to think they're stupid. If you tell someone they're going to be a junkie their whole life, they're going to be a junkie."

—Assessment Interviewee

Several recommendations emerged from the assessment, including a recommendation to research options and formulate a plan for gaining access to clean syringes. *"Needle exchange saved my life, I'm sure of it,"* said one IDU. *"Syringe exchange is a point of contact and opportunity to educate,"* said Sondag. Terminology is important when discussing access to clean needles. For instance, calling a project "clean syringe program with ancillary services" is a more palatable term in some corners than "needle exchange." Another recommendation was to research options and formulate a plan for securing additional funding for substance abuse treatment, free Hepatitis C services, and coordinated HIV prevention efforts. Researchers also suggested ensuring continued HIV prevention information dissemination through media campaigns and other educational interventions. There is a lack of attention in the media given to the risk of HIV infection from injection drug use. Of 469 newspaper articles that were located by using search words HIV and prevention, only 15 of them addressed injection drug use directly.

Continued, enhanced harm reduction services were also recommended, such as educational outreach, free HIV counseling and testing, and access and referrals to social services. Their final recommendation was to work to enhance collaboration between service agencies and HIV prevention services. It is important to integrate HIV/AIDS programming with other co-occurring epidemics like substance abuse, mental health, and sexually transmitted diseases. Plus, there is a need to address racial and ethnic health disparities. The assessment was funded by the HIV/STD Section of DPHHS.

Partner Counseling and HIV Surveillance Presentation

Montana Department of Public Health and Human Services (DPHHS) HIV/STD Section Supervisor, Laurie Kops, and St. Peter's Hospital Infection Control Manager, Erin Minnerath, teamed up on a presentation, *HIV Reporting and Surveillance*, at the 2007 Montana Public Health Association (MPHA) annual conference, September 12, 2007 in Helena.



Pictured: Laurie Kops

Kops' presentation covered HIV/STD partner counseling and referral services (PCRS). "After a positive diagnosis occurs, and the client has been counseled, referred to treatment, and referred to a case manager, then the partner work begins," said Kops. Counselors should interview clients who have tested positive to identify sex and needle-sharing partners, provide locating information on partners, establish how to notify partners of infection, and determine how to offer partners available counseling and testing services. According to Kops, this is important to interrupt the disease cycle and help partners gain access to services.

Counseling for HIV-infected individuals and their partners is client-centered and can reduce behavioral risks for acquiring or transmitting HIV infection. The primary technique of client-centered counseling is to actively listen and reflect the client's statements in a nondirective, nonjudgmental manner to provide a safe environment for the client's self-exploration. Counselors clarify the client's feelings without imposing external assessments or values. PCRS is voluntary, science-based, culturally appropriate, and confidential. "Be inviting and sensitive so they come back," said Kops. "Never is a name given regarding who partners are, and it's important to keep acknowledging to the client that this information isn't going anywhere," said Kops. Partner referral can involve diverse approaches. The PCRS provider can locate and inform sex or needle-sharing partners of their exposure. Or, the infected person can take responsibility for informing his or her partners. Sometimes a combination of these approaches is used.

A discussion about *InSPOT* came up during the presentation, which is a confidential internet postcard to advise partners to get tested. If you test positive for an STI or HIV, you can send an e-card, anonymous or not, to your partners who you may have exposed. For more information, visit www.inspot.org. PCRS is delivered in a continuum of care that includes the capacity to refer sex and needle-sharing partners to HIV counseling, testing, and treatment, as well as other services, such as STD treatment, family planning, violence prevention, drug treatment, social support, and housing.

The subject turned to HIV/AIDS reporting, surveillance and epidemiology when Minnerath gave her presentation. Minnerath previously held the position of DPHHS HIV surveillance coordinator. Minnerath told the group that an estimated 15 to 20 new cases of infection occur each year in Montana. "The date of diagnosis is our closest estimate of time of infection," said Minnerath. At the time of her presentation, there had been six new cases diagnosed for 2007. She said that an incidence summary cannot determine when the cases were infected, however. In 2006, more than half of the newly identified cases were diagnosed with AIDS at the time of their HIV diagnosis. This implies that they had been living with their infection for quite some time before they had their HIV positive test. Important characteristics of cases include gender, race, mode of exposure, county of residence, diagnostic status, and age at time of diagnosis. Forty-four percent of people diagnosed with HIV/AIDS are between the ages of 30 and 39. "Thorough reporting will increase the accuracy of our estimates of the epidemic," said Minnerath. She adds that epidemiological data can be a major influence on planning prevention activities, and the data collected needs to be interpreted cautiously.



Pictured: Erin Minnerath

STDs in Montana

A research associate with Montana State University (MSU) presented information about sexually transmitted diseases (STDs) in Montana to an audience at the Montana Public Health Association conference, September 13, 2007 in Helena. Rebecca Hazard told the group that Chlamydia is the most common STD in Montana, women are three times more likely than men to become infected, 80 percent of Chlamydia cases occur in people under 25 years of age, and 64 percent report having only one partner. It's interesting that eleven percent report having no partner.



Pictured: Rebecca Hazard

In some Montana counties, according to Hazard, the Chlamydia rate is up to 1070 per 100,000 people, which is three times the national rate. The method of research for the study, *Sexual Health in Northern Frontier Populations*, included key informant interviews with public health nurses and directors, office nurses, physician assistants, and nurse practitioners.

Intervention and prevention strategies worldwide for STDs include:

- Information, education and communication campaigns.
- Improved STD treatment services.
- Integration of case findings in other health services.
- Mass treatment of whole communities (only used in Africa and South America, according to Hazard).
- Community-based participatory research.

Two New Members Join AIDS Review Panel

The Montana Department of Public Health and Human Services (DPHHS) and Office of Public Instruction (OPI) have appointed two new members to the Montana AIDS Review Panel. Joan Uda, columnist for the *Helena Independent Record* newspaper, retired United Methodist minister, former state attorney, and legal advisor to Governor Tom Judge, is filling the position of faith community representative. Kayla Hanna, a junior at Helena High School, has joined the panel as student representative.

The Montana AIDS Review Panel will be meeting on November 8, 2007 to review education and information materials for HIV prevention. We'd like to encourage submission of materials for approval to distribute as part of your prevention efforts. In addition, we've updated the application and review form for you to complete and send along with your material to be reviewed. We hope this form is clear and user-friendly for you. It's dated September 2007 and replaces previous application and review forms. Also, using CDC guidelines for messaging, we've put together a brief checklist for you to consider when creating your health promotion materials.

The panel, a joint committee of DPHHS and OPI, is a requirement of cooperative agreements with the Centers for Disease Control and Prevention and serves to consider the appropriateness of messages designed to communicate AIDS prevention information to various population groups. We thank the new members and the entire review panel for their continued service. For more information, contact Mary Ann Dunwell at mdunwell@mt.gov or (406) 444-4117.

Montana Two-Spirit Gathering

Eighty-five people attended the 11th Annual Montana Two-Spirit Gathering, coordinated by the Montana Two-Spirit Society and Montana Gay Men's Task Force, September 7–9, 2007 at Seeley Lake.

The annual Gathering was one of the largest and most successful. Educational sessions such as Two Spirit History, Overcoming Trauma & Grief, Living Positively with HIV, Decolonization in the Two Spirit Community, and various talking circles and ceremonies highlighted the weekend retreat.

As one participant stated, "All tribes need this to further the healing and to learn about our [two spirit] traditions." Seen in the photo are Mija Howlett of the Community Planning Group, David Herrera of FDH and Associates, and others enjoying the cultural festivities of the Pow Wow.



Centered in picture: David Herrera (left center), Mija Howlett (right)

HIV Counseling, Testing, and Referral Trainings

Thirty-three HIV prevention professionals from throughout Montana attended a series of HIV testing trainings this past summer in Billings. Courses presented included HIV 101, Counseling, Testing, and Referral (CTR), and HIV Rapid Testing. They were held at the Crowne Plaza, August 12 – 15, 2007 and sponsored by the Montana Department of Public Health and Human Services (DPHHS) HIV/STD Section.

Niki Graham, Salish Kootenai College Tribal BEAR (Building Effective AIDS Response) Project, Molly Hale, Yellowstone City-County Health Department, and Hillary Liss, M.D., Northwest AIDS Education and Training Center, instructed the three-day trainings.

Client-centered counseling and referral is an important part of HIV testing. "Clients may ask whether they are going to die," says Graham, "Medicines are easier to take; having to hide the secret is the worst effect." Graham told the CTR students that the only people who need to know are their sex or drug partner or partners to encourage them to get tested, in order to prevent transmitting infection. "At this point, getting an HIV positive diagnosis is similar to being diagnosed with a chronic disease, such as diabetes," said Dr. Liss. "It is not a death sentence. People are living longer with a very good quality of life."

Students received certificates for successfully completed the trainings. The next HIV testing training series are scheduled for November 1–3, and 14–16, 2007 at the C'monInn, Missoula. For more information, contact Peggy Baker at (406) 444-3565 or pebaker@mt.gov.



Pictured from left: Hillary Liss, M.D., Niki Graham

World AIDS Day 2007 Calls for Leadership

The theme of this year's World AIDS Day, December 1, 2007, is leadership, promoted with the slogan, "Stop AIDS. Keep the Promise," which is the World AIDS Campaign (WAC) emphasis from 2005 to 2010. The 2007 leadership theme will build on the 2006 World AIDS Day focus of accountability, and according to WAC, appeals to governments, policy makers, and health authorities to ensure that they meet the many goals that have been set in the fight against HIV and AIDS, and especially the promise of universal access to HIV treatment, care, and prevention services by 2010. The leadership theme also highlights the need for innovation, vision and perseverance in the face of the AIDS challenge. The campaign calls on all sectors of society such as families, communities and civic organizations, as well as governments, to take the initiative and provide leadership on AIDS. This campaign will run until 2010, with a related theme chosen for World AIDS Day each year.

World AIDS Day was originally organized by UNAIDS. In 2005, UNAIDS handed over responsibility for World AIDS Day to WAC. World AIDS Day is celebrated on the first of December each year. To order a toolkit of posters and CD of materials, email worldaidsday@worldaidscampaign.org. For more information, visit: <http://www.worldaidscampaign.info>



Montana Events and Activities

Some ideas to commemorate World AIDS Day in Montana at the local community level include promoting a free testing day, requesting a slot on your local TV, radio, or community access cable interview program to talk about new CDC recommendations and universal testing, partnering with businesses to offer Red Ribbon sales or specials. For instance, a restaurant may be willing to offer a Red Ribbon Blue Plate special. Finally, nominate someone in your community for a state World AIDS Day Recognition Award. (See below)

Montana World AIDS Day Recognition Awards

To commemorate this year's World AIDS Day, the Montana Department of Public Health and Human Services (DPHHS) HIV/STD Section would like to encourage you to submit nominations by October 31, 2007 for the Montana HIV/AIDS Recognition Awards. During the World AIDS Day Awards Ceremony at the Capitol on November 30, 2007, the state will honor individuals and agencies throughout Montana who have made a difference in the fight against the HIV/AIDS epidemic.

Many Montanans are committed to making a difference in the lives of those living with HIV or AIDS. They are devoted to speaking out against stigma and discrimination, and are willing to educate others in their communities regarding the prevention of HIV. These people are dedicated to changing the way Montanans face the issues surrounding HIV/AIDS. You know who these people are. Please consider nominating them for this important recognition.

Awards will be given in the following categories:

Person living well in Montana with HIV/AIDS.

Person making a substantial contribution to HIV/AIDS prevention or treatment efforts in Montana.

Agency or group making an extraordinary difference in HIV/AIDS prevention or treatment efforts in Montana.

Please submit nominations before October 31, 2007. To access the nomination form and criteria, please visit:

<http://www.dphhs.mt.gov/PHSD/STD-HIV/pdf/WADNominationForm2007.doc>

For more information, contact Mary Ann Dunwell at (406) 444-4117 or mdunwell@mt.gov

Save the Date

Ryan White Case Managers Fall Meeting with Tri-State HELP

October 30, 2007, 9:45 a.m.— 3:00 p.m.
Red Lion Colonial Inn, Helena, MT
Contact: Judy Nielsen, (406) 444-4744,
jnielsen@mt.gov

HIV 101 Training

November 1, 2007, 9:00 a.m. – 12:00 p.m.
Free registration
C'mon Inn
Missoula, MT
Contact: Niki Graham, (406) 275-4920,
niki_graham@skc.edu
Peggy Baker, (406) 444-3565, pebaker@mt.gov

HIV Rapid Test Training

November 1, 2007, 1:30 p.m. – 5:00 p.m.
Free registration
C'mon Inn
Missoula, MT
Contact: Niki Graham, (406) 275-4920,
niki_graham@skc.edu
Peggy Baker, (406) 444-3565, pebaker@mt.gov

HIV Counseling, Testing, Referral Training

November 2, 3, 2007, 8:30 a.m. – 5:00 p.m.
Free registration
C'mon Inn
Missoula, MT
Contact: Niki Graham, (406) 275-4920,
niki_graham@skc.edu
Peggy Baker, (406) 444-3565, pebaker@mt.gov

HIV Courses Repeat

November 14 — 16, 2007

AIDS Review Panel

November 8, 2007, 3:30 p.m. – 4:30 p.m.
Montana Department of Public Health and Human Services
Cogswell Building, Room C—207
1400 Broadway
Helena, MT 59620
Contact: Mary Ann Dunwell, (406) 444-4117,
mdunwell@mt.gov

2007 Gay Autumn Retreat

November 9 – 11, 2007
Potomac Valley, MT
Contact: FDH and Associates, (406) 829-8075,
jon@mtgayhealth.org
www.mtgayhealth.org/autumn

Governor's HIV/AIDS Advisory Council

November 30, 2007, 8:00 a.m. – 4:00 p.m.
Capitol Building, Room 172
Helena, MT
Sponsored by DPHHS HIV/STD Section
Contact: Judy Nielsen, (406) 444-4744, jnielsen@mt.gov

World AIDS Day Commemoration

November 30, 2007, 10:00 a.m. - Noon
Capitol Rotunda
Helena, MT
Sponsored by DPHHS HIV/STD Section
Contact: Mary Ann Dunwell, (406) 444-4117,
mdunwell@mt.gov

HIV Prevention Community Planning Group

December 7, 8, 2007
War Bonnet Hotel
2100 Cornell
Butte, MT
Contact: Judy Nielsen, (406) 444-4744,
jnielsen@mt.gov



Who's Who

New Health Officers

Allene Mares, R.N. is the new Health Officer for the Cascade City-County Health Department. Riki Handstede is the Health Director at the Hill County Health Department.

MTAP Program Coordinator

Kathryn Reddies is the new Program Coordinator for the Montana Targeted Prevention Program (MTAP). Kathryn can be reached at pcmtap@centric.net.

Housing Case Manager

Annette Sontag is the new Tri-State HELP housing case manager with the Missoula AIDS Council. Tri-State HELP (Housing Environments for Living Positively) is a three-state (Montana, North and South Dakota) HUD grant under the federal HOPWA (Housing Opportunities for Persons with AIDS) program. Yellowstone AIDS Project and Missoula AIDS Council administer the two Montana projects.

HIV/STD Section Staff

The Department of Public Health and Human Services (DPHHS) HIV/STD Section is grateful to be working with Montana's HIV/STD treatment and prevention community to build on the tremendous, collaborative work that is being done, and to advance HIV/STD programs and initiatives that reduce the incidence and social consequence of disease.

Laurie Kops, Section Supervisor, lkops@mt.gov or (406) 444-2457.

Judy Nielsen, HIV Programs Coordinator, jnielsen@mt.gov or (406) 444-4744.

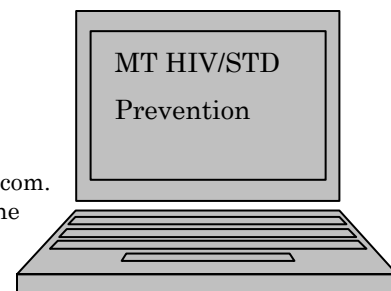
Sandy Sands, HIV Programs Specialist, ssands@mt.gov or (406) 444-1604.

Peggy Baker, HIV/STD Administrative Professional, pebaker@mt.gov or (406) 444-3565.

Mary Ann Dunwell, HIV/STD Health Educator, mdunwell@mt.gov or (406) 444-4117.

Montana HIV Prevention On The Web

You might want to visit the website for the Missoula AIDS Council (MAC) at www.peopleshive.com. Also, be sure to check out the website for FDH and Associates at www.mtgayhealth.org. And, the Montana Department of Public Health and Human Services HIV/STD Section is on the web at www.health.mt.gov. Click on programs, then on communicable disease, then STD/HIV Treatment and Prevention.



National Scene

November 3-7, 2007
American Public Health Association Conference
Washington, D.C.

November 7 - 10, 2007
United States Conference on AIDS
Palm Springs, CA.

December 1, 2007
World AIDS Day



December 2 - 5, 2007
2007 National HIV Prevention Conference
Atlanta, GA.

February 7, 2008
National Black HIV/AIDS Awareness Day

March 10, 2008
National Women and Girls HIV/AIDS Awareness Day.

March 20, 2008
National Native HIV/AIDS Awareness Day